

# NEUROLOGICAL COMPLICATIONS IN VARICELLA-A CASE SERIES

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## AIM

We planned this study to document the spectrum of various neurological manifestations observed following acute varicella infection. The wide range of neurological complications following chickenpox demands a prompt diagnosis and focused management to reduce the immediate complications and improve the long-term prognosis.

## RESULTS

### Case 1:

26yr female with latency period of 4 days from rash presented with headache, vomiting. O/E conscious/oriented, cranial nerves intact, power 5/5, DTR 2+.

MRI S/O venous haemorrhagic infarct Lt Parieto-occipital, TS.

Blood routine normal.

Treated with heparin, mannitol, antiviral and other supportive measures.



## CASE- 2

35 yr old female presented 5 days from rash with acute onset weakness of both upper and lower limbs a/w paresthesias,swaying side by side.

O/E conscious/oriented power-UL 4-/5 LL 4-/5,DTR absent b/l,b/l plantar flexor.joint position impaired.

FNT-impaired b/l,gait ataxia present.

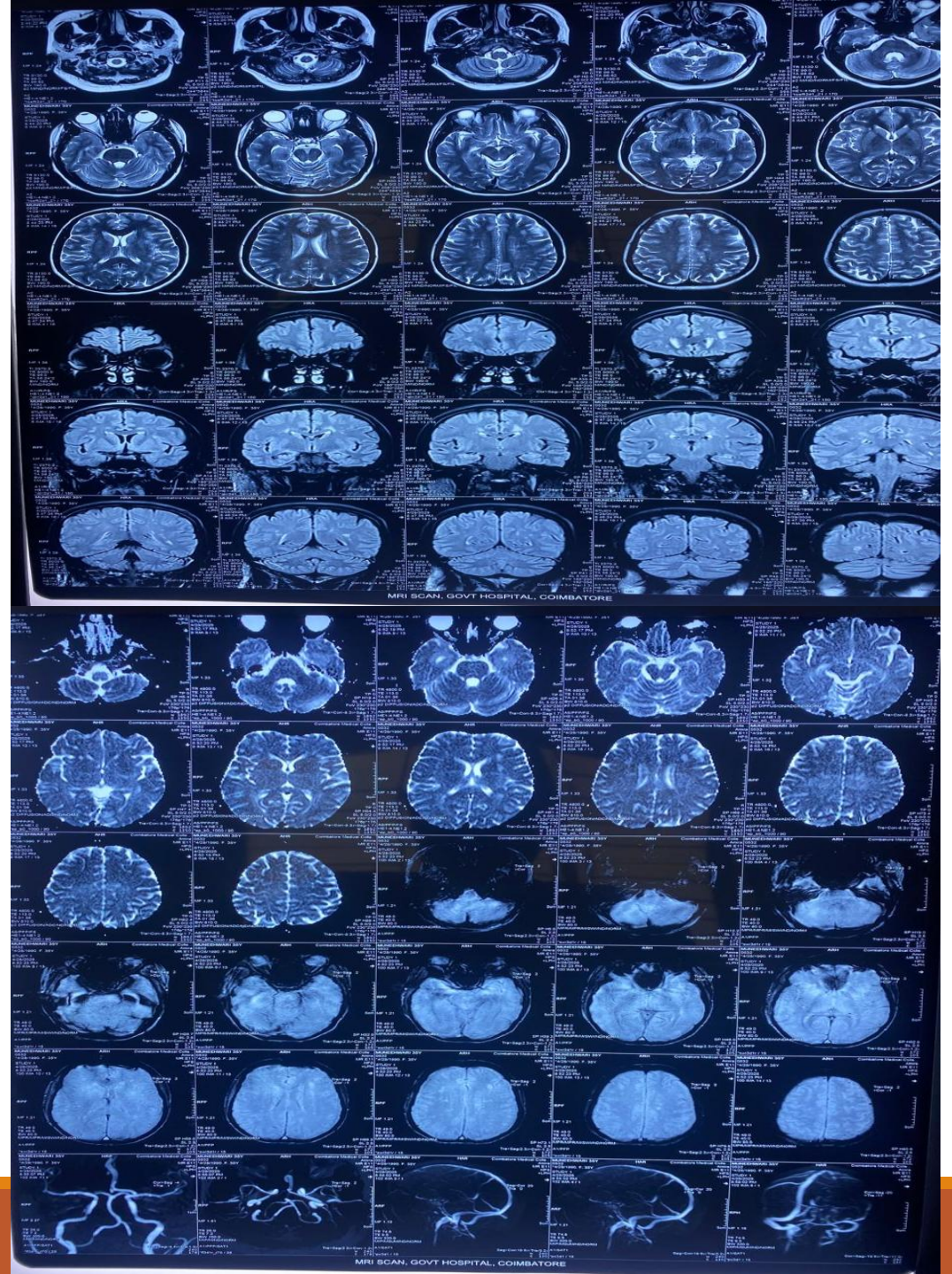
NCS s/o b/l UL andLL sensory and axonal neuropathy.

MRI brain with WSS s/o demyelination.

Blood routine normal.

CSF-sugar-61,protein-216, cell count-acellular.

Treated with IVIG antiviral and other supportive measures.



# CONCLUSION

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The damage to venous sinus and consequent CVST can be due to direct endothelial damage by virus, thrombosis secondary to acquired protein S deficiency, immunologically mediated vasculitis, and underlying hypercoagulable state.

Early diagnosis of VZV-associated cerebral. vasculopathy includes CSF analysis for both VZV DNA by PCR method and anti-VZV IgG antibody measurement.